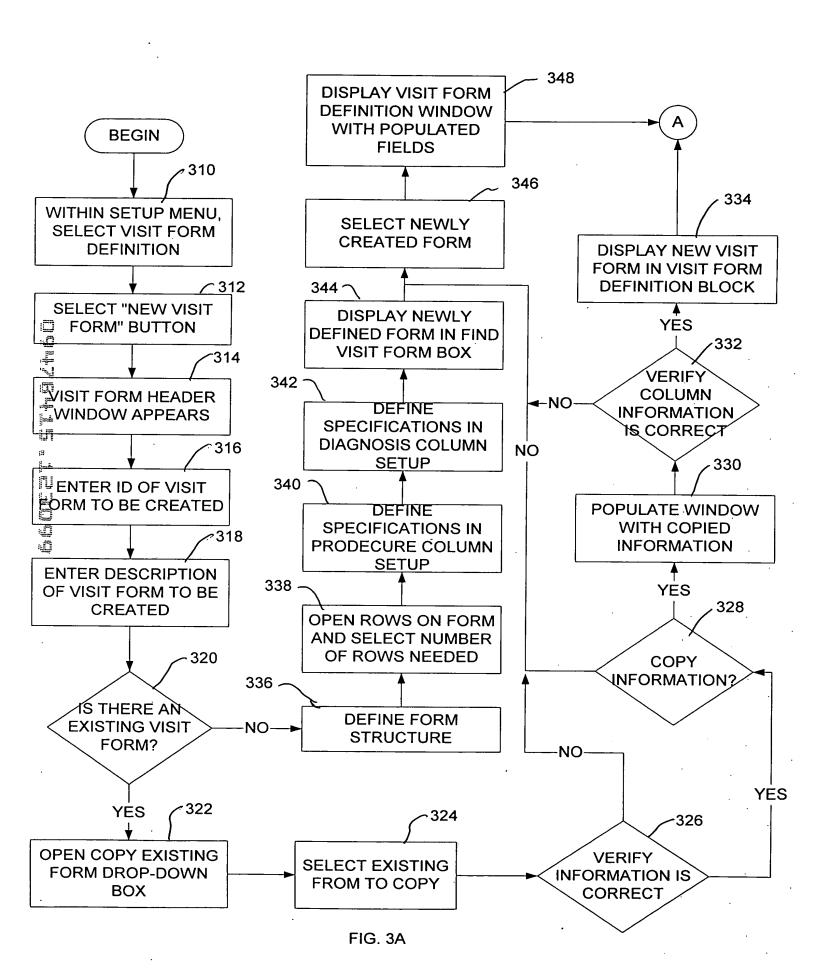


FIG. 2



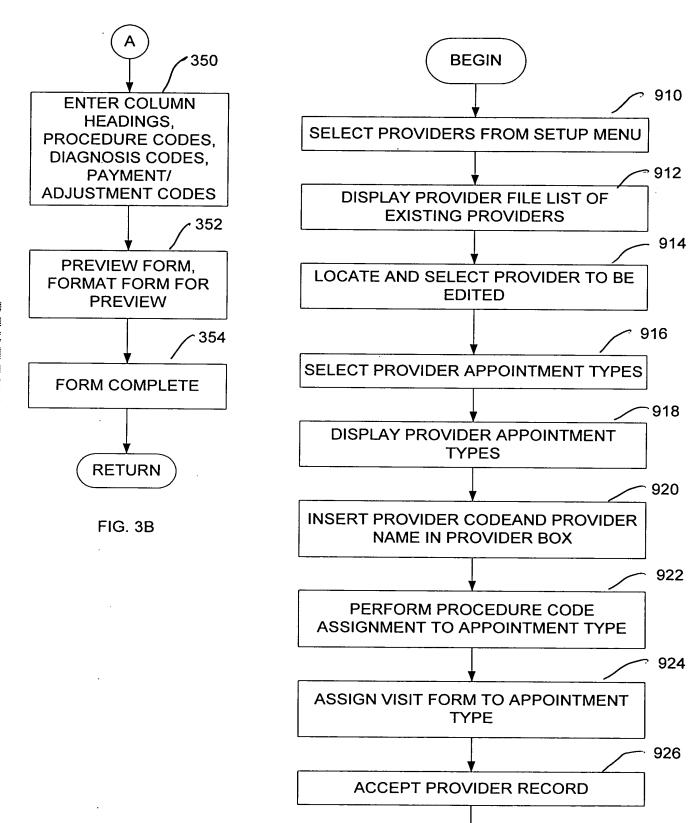


FIG. 9

RETURN

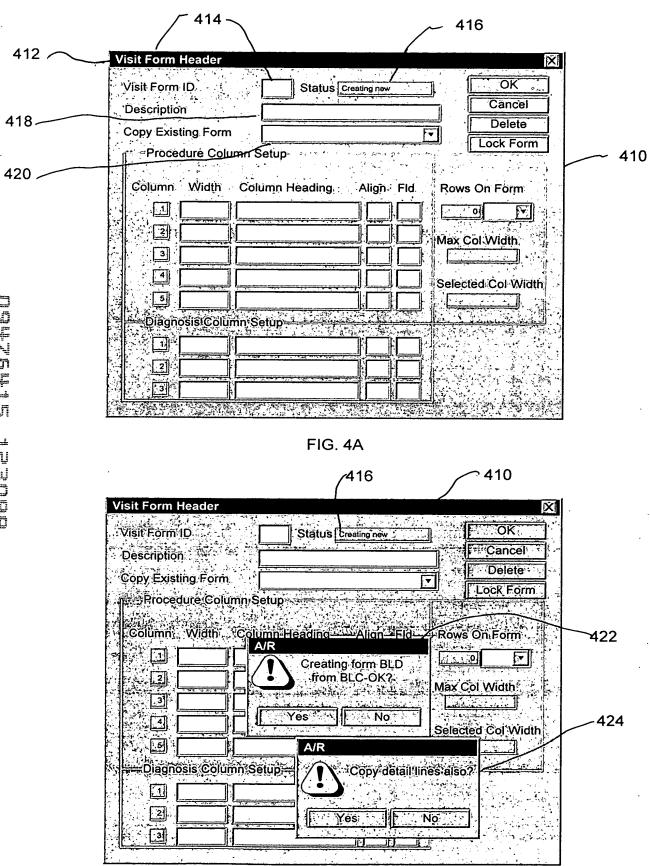
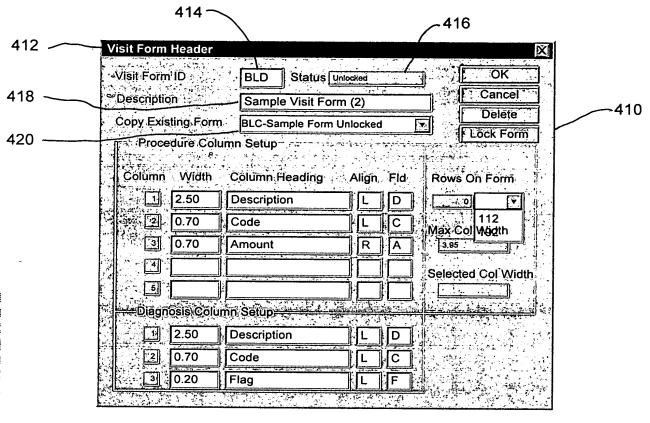


FIG. 4B



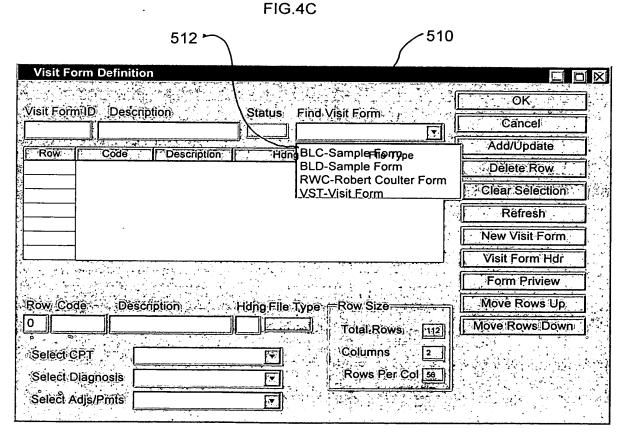


FIG. 5

Visit Form Definition
 sit Form ID Description Status Find Visit Form MF Donald Ford Visit Form Unlocked T
Row: Code Description Hdng File Type Delete Row: Clear Selection: Refresh New Visit Form
Visit Form Hdr. Form Privew: Wisit Form Hdr. Form Privew: Wisit Form Hdr. Form Privew: Wisit Form Hdr. Form Privew: Wove Rows Up Total Rows: 1927 Move Rows Down
Select CPT Columns 3.1 Select Diagnosis Rows Per Col 64 Select Adjs/Pmts:

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DON	Joe Q. Doe		Anyte	own AD	54321			
LAB	ABC Laboratory		Anyto	own AD	54321			*∛Clear
NUR	Nurse-Joe Q. De	ре						
RWC	Robert W. Smith	1	Anyc	ity AD	55321			Refresh
111	Linda M. Brown		Anyc	ity AD	55321			-Adtl Info
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1234	Skyway Dr.	Provide	ег Туре	S-On Staff		555-444	-2938	1 - 15 2 3 5
	•	H .						II.

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05/03/1999 RWC 03:00 PM 1015

810 **Provider Appointment Types** Provider Robert W. Smith Appt Type: Description Procedure Description Add/ · CL OfficeVisit Level 1-Established Patient Contact Lens Check 99211 Update EX Exam w/refraction 99211 Office Visit Level 1-Established Patient PO Post-Op 56984 Delete **CAT Post Op** VF Visual Field 92082 Visual Field Intermediate Clear Selection * Refresh pe Description Procedure

Contact Lens Check 99211 Visit Form Description Description Confact Lens Visit Form Office Visit Level 1-Est Select Appt Type ... 92310 Select Visit Form Code Find Procedure -

F16-8

555-444-0328

1110

LOV

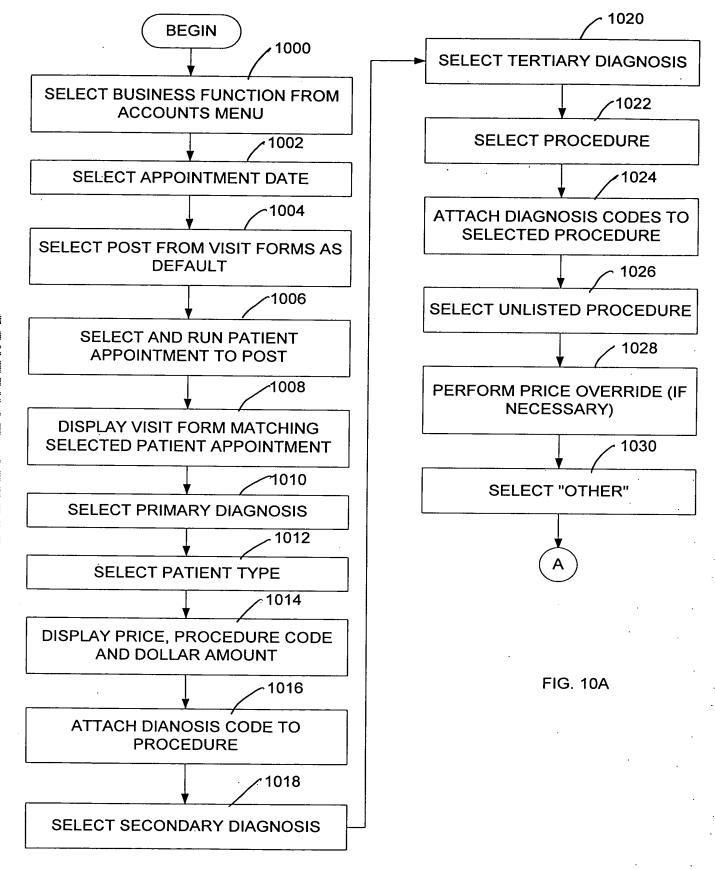
:_02_

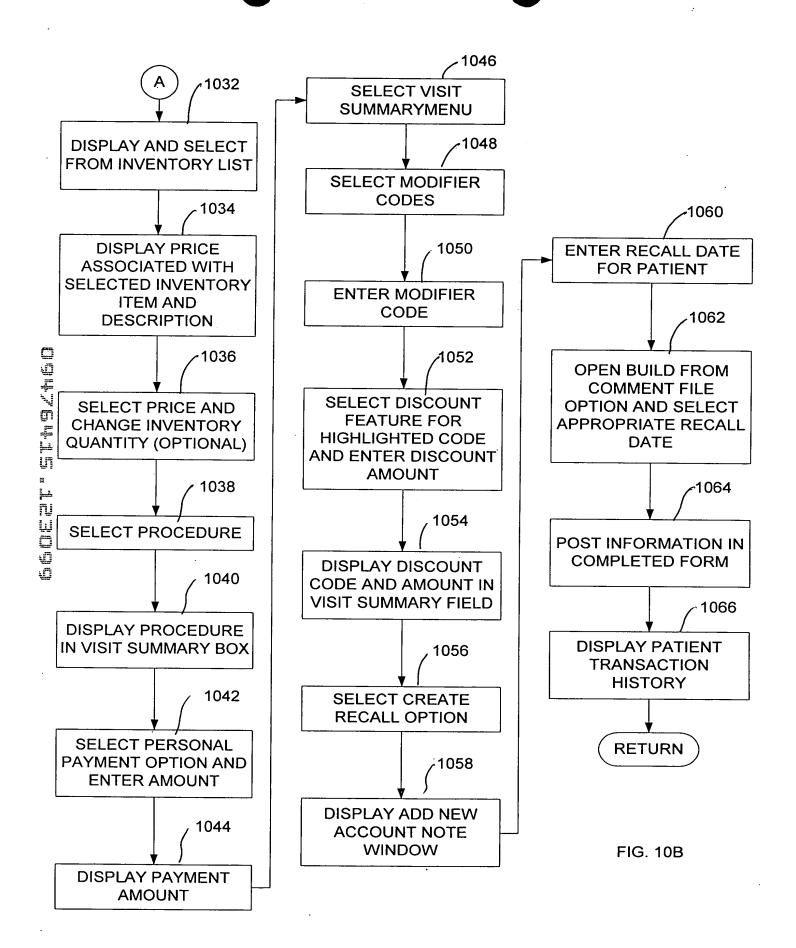
Business Functions Insurance THE PERSON NAMED IN TART From 05/03/1999 May 1999 <u>H</u>un Comp Silvers Y Provider Sun Mon Tue Wed Thu Fri Sat To 05/03/1999 25 26 27 28 29 30 II 2 3 4 5 6 7 8 29 30 II 1 12 II 3 II 4 II 5 16 II 7 18 II 9 20 21 22 23 24 25 26 27 28 29 30 30 31 II 2 3 4 5 3 Facility Print Preview ¥ Smys Established Process All Displayed Fig. Pull Full Date Range Select/Refres & Electronic C Pap Dsply Patients Not Seen | Dsply Seen Not Posted Dsply No Show Patients Dsply Patients Seen L. Process Duplica Registration Post From Visit Forms Print Visit Forms Visit Detail C. Print Reg Forms Flag Patients as Seen 76 G Cate Charges Only Flag Patients as No Show G Pilmary Forms Flag Patients as No Show Patient Recalls Print ins Forms <u>Materials Bid</u> Resetins Sell C Print Schedule Roste Date: Provider Time: SS#/Ratid: Last Name: First Name: Phone: Wait No Fac Applip: Status 05/03/1999 RWC 09:00 AM 374992031 Anderson Susan 102 REC 09:30 AM 387240322 10:00 AM 1000 10:30 AM 203849203 05/03/1999 RWC 05/03/1999 RWC __Gattlin_ Kathryn 555-444-2938 02 I OV Ιov Gattlin Micah 555-444-2938 02 0 05/03/1999 RWC LEX **Hopkins** 555-444-3829 02_ _David_ 84 TVE 05/03/1999 RWC 11:00 AM | 593220948 Johnson John_ 555-444-4767 .02 Q. 05/03/1999 | RWC Stanley _Adam_ 555-444-0850 50 02 OV Pat Seen LTrans Post 05/03/1999 RWC 05/03/1999 RWC 01:30 PM 396699969 02:00 PM 1016 Stanley _Heather_ 555-444-0850 80 _02__OV Englund Atthur 555-444-5739 02 LCL 0

F16,11

Eric

:_Donaldson_





1210 The Visit Form (that matches any appointment type match or default) will appear Visit Form Entry Eye Care Clinic Visit # Provider Account Number Appointment Date Appointment Time 1000 Robert W. Coulter 05-03-1999 09:00 888-111-4444 Date of Birth / Age Home Phone Patient Name / SSN 888-111-4444 07-23-1977 21 374992031 Work Phone Anderson, Susan Account Balance (prior to visit) Insurance Company Address 1234 Miller Rd Anywhere, KS 55555 BCBS1 3,660.50 記述性的 MEDICAL DIAGNOSIS/TREATMENT EVALUATION AND MANAGEMENT SERVICES Foreign Body Removal (superficial) 65205 Conjunctival Foreign Body Removal 65210 99210 Office Visit Level 1 - New Patient Corneal Foreign Body Removal (w/o slit lamp) 65220 99202 Office Visit Level 2 - New Patient Corneal Foreign Body Removal(w/slit lamp) 65222 99203 Office Visit Level 3 - New Patient Scraping of cornea for culture 65430 99204 Office Visit Level 4 - New Patient Removal of corneal epithelium(abrasion, cureliage 65435 99205 Office Visit Level 5 - New Patient With application of chelating agent 65436 92002 Intermediate Exam - New Patient 大学のないできるというできます 67820 Correction of Trichiasis, Epilation 92004 Comprehensive Exam - New Patient 68761 Closure of Lacrimal Puncture by Plug Refraction - New Patient 92015 68800 Dilation of Lacrimal Puncture Established Patient 1999 201 (1997) Probing of Nasolacrimal Duct 68820 68840 Probing of Lacrimal Canaliculi Office Visit Level 1 - Established Patient 99211 68899 Unlisted Procedure, lacrimal system Office Visit Level 2 - Established Patient 99212 62948 99213 Glucose screening Office Visit Level 3 - Established Patient Culture, Bacterial, Definitive; Blooding 67040 99214 Office Visit Level 4 - Established Patient Culture or direct Bacterial Identification Method 87072 99215 Office Visit Level 5 - Established Patient Culture, Bacterial, any source, Anaerobic 87075 92012 Intermediate Exam - Est. Patient Culture, Fungi, Def. ID of each Fungus 87101 92014 Comprehensive Exam - Est. Patient 87205 Smear, Primary Source 99024 **RK Post OP** 56984 CAT Post Op CONTACT LENS SERVICES Special Ophthalmological Services 1957 Fitting/Contact Lens, Material/Disease 92070 92310 CL Diagnosis/Adaption 92020 **Goaloscopy** 92311 Aphakia (one eye) Visual Field Limited 92081 92312 92100 Aphakia (two eyes) Serial Tonometry Modification/Clean and Polish 92325 Ophthalmoscopy Ext. 92225 OTHER - Contact Lens Materials CL Ophthelmoscopy, Sub. Ext. 92226 92250 Fundus Photography THE SERVICES OF ASSES SERVICES 2017年最初各种加州市市市市市 92260 Ophthalmodynamometry FRAME 92285 Frame Services External Ocular Photography Ophthalmic Lens Treatment 上京美に出場のは馬門を見るをままだがあるかありまですことう 以及逐步起源,并在西京市,并将是国际的 DIAGNOSIS 地质设置等的设施的 医动物管 计设计器 大学性性SMXATES Extended to The AMERICAN DIAGNOSIS: 新史中的 所述 医大学性内部 医多种性神经 372.14 367.21 Allergic conjunctivia Astigmatism (regular) 930.10 Foreign Body - Conjunctivia Astigmatism (irregular) 367.22 372.72 Hemorrhage subconjunctival 367.0 Hyperopia 918.1 Cornea abrasion V65.2 Malingerer 921.0 367.1 Black eye Myopia 373.00 Blepharitis 367.4 Presbyopia 373.2 367.53 Chalazion Spasm of accommodation Allergic dermalitis 373.32 368.31 Suppression 373.9 367.81 Lid Lesion Transient change 379.91 367.32 Eve pain Aniseikonia 362.50 Macular degeneration Peripheral degeneration 362.60 270.2 Albinism 361.31 368.00 Retinal hole Amblyopia 379.23 440.9 Hemorrhage Arteriosclerosis 379.24 Vitreous Floaters 368.13 Asthenopia (photophobia)

F16.17

Patient Co-Pay

Discount

Personal Payment - Cash

Personal Payment - Check

351.0

940.9

368.5

250

368 2

780.4

378 83

COPAY

PPCA

PPCK

DISC

VISIT TOTAL

Diplopia

Dizziness

Bells palsy

Burn of eye and adnexa

Covergence insufficiency

Color deficiencies

Diabetes history

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S124 · Hard Co		ling	67040	
HV2510 - Conta		ation Method	87072	
	tact Lenses Bifocal 02	aerobic	87075	l
- V2511 - Contai - V2520 - Contai	ct Lens Soft Toric 02	igus	87101	
	act Lenses Soft Disposable		87205	
	tact Lenses Soft Bifocal			
V2521 - Contac	ct Lenses Soft Toric	LENS SERVICE	ES SEE SEE	Harrio de La
V25211 - Conta	act Lenses Soft Toric Disposable	ase	92070	
(CL Diagnosis/Adaption		92310	
	Aphakia (one eye)		92311	
/	Aphakia (two eyes)		92312	
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	OTHER - Contact Lens Materials		CL	

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Account Name	Anderson Jeremy	
Patient Number	374992031 Susan	1
Follow Up Date		, West
Select Note Type Code	R · Recalls	
- Provider Code	RWC - Robert W. Coulter	13.0
Contact Name		
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06/17/1999		Eye Care Clinic			Page 1					
Transaction History For Accoint 1000 (Anderson, Jeremy) from 7-1999										
Period TranDate Patient Name	Туре	Code Description	Amount	Qty	Visit	Batch				
8-1999 06/17/1999 Anderson, Susan	С	99214 Office Visit Level 4-Est Patient	60.00	0	167	VT				
8-1999 06/17/1999 Anderson, Susan	Α	BCWO BlueCross/Blue Shield Write-off	-10.00	0	167	VT ADJ				
8-1999 06/17/1999 Anderson, Susan	С	65205 Foreign Body Removal	60.00	0	167	VT				
8-1999 06/17/1999 Anderson, Susan	Α	BCWO BlueCross/Blue Shield Write-off	-10.00	0	167	LGA TV				
8-1999 06/17/1999 Anderson, Susan	С	68899 Unlisted Procedure, lacrimal sys	22.00	Ō	167	VT				
8-1999 06/17/1999 Anderson, Susan	С	V2020 COntact Lens Materials	20.00	Ō	167	VΤ				
8-1999 06/17/1999 Anderson, Susan	Р	PPCK Personal Payment-Check	-50.00	Ō	167	VΤ				
8-1999 06/17/1999 Anderson, Susan	С	TAX Sales Tax	1.25	0	167	VT ADJ				
8-1999 06/17/1999 Anderson, Susan	Α	DISC Discount	-2.00	0	167	VT				
8-1999		Subtotal for this Period	91.25 **		-					
		Current Account Total Due	3,751.75	***						

FIG. 16

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1520

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Annaista at Out			, 	PPCK Personal Payment C	heck	50.00	:50,00	.,50.00_'0.00	367.1.930.1
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and Diference of Samuel . New Patients of				Removal (superticial)	65205	60.00			
Office Visit Level 1 - New Patient	99210	1		oreign Body Removal	65210				Street Bear
Office Visit Level 2 - New Patient	99202			n Body Removal (w/o six lamp)	65220	 			
Office Visit Level 3 - New Patient	99203	 		n Body Removel(w/sit lamp)	65222		*		
Office Visit Level 4 - New Patient	99204	 		ornea for culture	65430	 			
Office Visit Level 5 - New Patient	99205			rneal epithelium(abrasion, curellag					
Intermediate Exam - New Patient	92002			n of chelating agent	65436	<u> </u>			
Comprehensive Exam - New Patient	92004	<u> </u>		frichiasis, Epilation	67820		川鷹		
Refraction - New Patient	92015			rimal Puncture by Plug	58761	1			
	T	<u> </u>	Dilation of Lac		68800	†	3 B		
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Office Visit Level 1 - Established Patient	99211	I		rimal Canalicuti	68840		引耀	100	
Office Visit Level 2 - Established Patient	99212	1	Unlisted Proce	dure, lacrimal system	68899	22.00			
Office Visit Level 3 - Established Patient	99213		Glucose scree		62948				
O:fice Visit Level 4 - Established Patient	99214	60.00		rial, Definitive; Blooding	67040				
Gifice Visit Level 5 - Established Patient	99215		Culture or dire	ct Bacterial Identification Method	87072		- 6		
ntermediate Exam - Est. Patient	92012		Culture, Bacter	rial, any source, Anaerobic	87075	1	= 000		11
emprehensive Exam - Est. Patient	92014		Culture, Fungi,	Def. ID of each Fungus	87101		: B		
RK Post OP	99024		Smear, Primary	Source	87205				
AT Post Op	56984						三 陽		
	l			CONTACT LENS SERVICE	ES STATE	declarates de	= 1		
性が異なるのないが良 Special Ophthalmological Se	rvices	期の名前ではた		Lens, Material/Disease	92070		= 200		
Gonloscopy	92020		CL Diagnosis//	Adaption	92310				
∕isual Field Limited	92081		Aphakia (one e	ye)	92311		=: 188		
Serial Tonometry	92100		Aphakia (two		92312		- 2		
ighthelmoscopy Ext.	92225		Modification/CI		92325		三 [編		
Ophthelmoscopy, Sub. Ext.	92226		OTHER - Conta	ct Lens Materials	CL	20.00			
undus Photography	92250								
phthalmodynamometry	92260			GLASSES SERVICES		明明相相	= 0		
Efernal Ocular Photography	92285		Frame Service	·	FRAME		3 80		
ř.			Ophthalmic Ler	e Treetment	LENS	1	-: 1256	的名词名的复数形式 医双侧侧外侧	2013年1日1日

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